



CIVIL AIR PATROL
NEW YORK WING
UNITED STATES AIR FORCE AUXILIARY
817 Stewart Avenue (Rear)
Garden City, NY 11530-4802

PURCHASE ORDER

The following number must appear on all related
correspondence, shipping papers, and invoices:
P.O. NUMBER:

NYS Exempt Organization Certification
#EX 188915

To:	Ship To:
Vendor Name:	Group Name:
Vendor Address 1:	Group Address 1:
Vendor Address 2:	Group Address 2:
Vendor Phone / FAX:	Contact Name / Phone:

P.O. DATE	REQUISITIONER	SHIP VIA	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL				
SALES TAX				N/A
SHIPPING & HANDLING				
OTHER				
TOTAL				

CONDITIONS AND GENERAL INSTRUCTIONS:

1. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above. Additional cost requires advance approval
2. CAP reserves the right to supply parts needed. Please identify P/N, Quantity and ship to address for parts.
3. Upon Completion, provide original invoice to local CAP Point of Contact.
4. Local CAP Point of Contact::
Name: _____
Phone numbers, e-mail: _____ / _____

FOR USE BY NEW YORK WING, CAP:

Attached invoice approved for \$ _____ payment.

Signature NYW/DOM Date
NYW/ FM: _____
Check Number Date

P.O. Authorized by Date

Upon completion of work, Local CAP Point of Contact to complete NYWF 90 and forward with original
Invoice to NYW Hq for processing and payment
NYWF 91 12 Jul 02